

District: _____ District Number: _____
Special Education Cooperative: _____
Contact Person: _____ Phone Number: _____
Principal: _____ Date of Request: _____

***Kentucky Department of Education
Division of Exceptional Children Services
and the
Education and Professional Standards Board***

**REQUEST FOR APPROVAL OF PROGRAM AND/OR TEACHER ASSIGNMENT
SY 2006-2007
(704 KAR 20:740)**

TEACHER: _____ SOCIAL SECURITY # _____

TEACHER'S CERTIFICATION: _____

POSITION/ASSIGNMENT: _____ SPECIAL EDUC CODE: _____

SCHOOL: _____

1. Briefly explain the circumstances that have made it necessary to request a waiver/approval for this program and/or teacher assignment (include the student's age and disability).

2. If this assignment is with a teacher who is not certified for the student's disability, state the basis of the Admission & Release Committee's decision that this is the most appropriate assignment for the student. (Attach a copy of the ARC Summary).

3. Is the requested assignment in the school the student would normally attend if not disabled?

Yes _____ No _____

If no, please explain:

4. As a result of this assignment, will any additional support services or training be provided for this teacher?

Yes _____

No _____

If yes, please describe:

5. Show this teacher's typical daily schedule indicating the number of students by disability category for each class session (Attachment acceptable).

FOR OFFICE USE ONLY

REQUEST NO.: _____

DATE: _____

KDE RECCOMENDATION: Yes ☐ No ☐

DATE: _____

REVIEWED BY: _____

(Reviewer's Initials)

EDUCATION AND PROFESSIONAL STANDARDS BOARD DECISION:

EPSB APPROVED: Yes ☐ No ☐

DATE: _____

REVIEWED BY: _____

(Reviewer's Initials)

DATE: _____

DATE: _____

Mr. Mike Carr, Director
Division of Certification
Education and Professional Standards Board

CORRECTIVE ACTION PLAN APPROVED: _____

(Reviewer's Initials)

Date

DATE: _____

Mr. Mike Carr, Director
Division of Certification
Education and Professional Standards Board